

# Family Readiness Workbook

## The Pink Book

- Preparation Checklist
- Family Contingency Plan
- Vital Information Forms



Being ready is an ongoing process - there is no start and there is no end. The Family Readiness Workbook is part of ongoing readiness. No matter how you choose to organize your personal information, the Readiness Workbook is here to guide you in collecting, organizing, and maintaining your information.



# 19<sup>th</sup> SPECIAL FORCES READINESS GUIDE

## FAMILY READINESS WORKBOOK

### THE PINK BOOK

#### PURPOSE

As a Special Forces Family member, it is very important for you to be prepared for your soldier's absence whether he is away for training or on deployment. Because of the operational tempo and the fact that soldiers may deploy at any time and on very short notice, ongoing preparedness is especially critical for Special Forces Families.

To make your soldier's absence pass as smoothly as possible, there are a number of precautions and preparatory steps you and your soldier should take. You must plan for contingencies in case of emergency and have certain important / vital documents in your possession and readily available. This *FAMILY READINESS WORKBOOK* has been developed to aid you in gathering and organizing pertinent information so you and your Family will be prepared, whether your soldier is home or away.

**Remember:** *Personal readiness has a direct impact on mission readiness.*

#### REAR DETACHMENT / FAMILY READINESS SUPPORT

The goal of the *FAMILY READINESS WORKBOOK* is to help you plan ahead for the unexpected so that if you are required to make any decisions while your soldier is away, you will be able to do so with few problems. Unfortunately, even with good preparation, problems sometimes arise. However, when your soldier deploys, there are a number of personnel who are available to assist you. Family Readiness Support Assistants (FRSAs) and Family Readiness Group (FRG) Leaders are available to answer any questions you may have. Family Assistance Center Coordinators can also assist you with issues that arise. In addition, the Rear Detachment Commander (RDC) and Rear Detachment staff are here to not only support your soldier, but to support the needs of families as well. Be sure you have their phone numbers accessible should you need their assistance.

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FRSA Name: Sundee Peterson	Phone:	801-716-9023
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FAC Coordinator: Laura Roberts	Phone:	801-716-9059
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RDC: MAJ Ihor Balaban	Phone:	801-432-4277
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A special thank you to the 75<sup>th</sup> Ranger Regiment for developing  
this tool for Special Operation Soldiers and their Families.

# **FAMILY READINESS WORKBOOK**

## **FREQUENTLY ASKED QUESTIONS**

### **1. What is the FAMILY READINESS WORKBOOK?**

The *FAMILY READINESS WORKBOOK* is intended to provide guidance to help ensure your Family's preparedness, whether your Ranger is at home or away, especially when difficulties arise (eg, illness, injury, unexpected travel, etc). The *WORKBOOK* is divided into three unique sections – PREPARATION CHECKLIST, FAMILY CONTINGENCY PLAN, and VITAL INFORMATION FORMS - and is designed as a guide to assist you in gathering and organizing basic information and documentation that may be needed during a crisis, especially where you may have difficulty accomplishing necessary tasks. It is also intended to serve as a platform on which to base *your* decisions so that *your* wishes will be carried out should the need arise. As part of the Special Forces Family, you must be prepared for any contingency, including the prolonged absence of your soldier. Identifying and planning for this eventuality gives you control over unforeseen problems that might arise in the absence of your soldier.

### **2. What is the PREPARATION CHECKLIST and why is it necessary?**

The PREPARATION CHECKLIST outlines which important papers, documents, and other pertinent information you should have available at all times, especially when your soldier is away. It is very important to keep this information stored together in a safe place where you can access it immediately (eg, file box, notebook, etc). Your PREPARATION CHECKLIST should be reviewed and updated periodically, and ALWAYS prior to TDY and deployment.

### **3. Do I really need a FAMILY CONTINGENCY PLAN if I already have a lot of friends?**

Yes. The FAMILY CONTINGENCY PLAN allows you to identify those friends you would prefer to call on for assistance if the need arises. It also communicates to your friends and to the unit your wishes so they can ensure procedures are followed according to your desires whenever possible. *Your PLAN. Your team. Your business!* Of course, at any time you can request additional help if the need arises, if your designated contacts are unavailable, or if the burden is too great.

### **4. Don't I only need a FAMILY CONTINGENCY PLAN while my soldier is deployed?**

No. Today's operational tempo requires your soldier to be prepared to deploy on short notice. Families who are prepared while their soldiers are at home station translate into Families who are prepared when their soldiers are away. This pre-planning provides your soldier with the peace of mind in knowing you are capable, competent, and confident in your ability to manage during his absence, allowing him to focus on the mission rather than problems back home.

### **5. Who has access to my FAMILY READINESS WORKBOOK?**

YOU maintain your *FAMILY READINESS WORKBOOK*. However, it is highly recommended that copies of your FAMILY CONTINGENCY PLAN be provided to the following individuals: 1) Rear detachment personnel, 2) your Family Readiness Support Assistant, and 3) anyone you have identified as an In Case of Emergency (ICE) contact. Providing this information to your soldier's unit and your ICE contact(s) assists them in executing your PLAN should the need arise.

## **6. Who should I ask to be part of my FAMILY CONTINGENCY PLAN, and how many contacts should I have?**

There are two overriding qualities one should seek when identifying ICE contacts: one is *reliability*; the other is *availability*. Your best friend may be your first choice but may live too far away to be readily available in all circumstances. Perhaps a trusted neighbor is a better choice. Of course, the final decision is yours. And although one cannot anticipate every eventuality, generally *four* contacts is a good number. If you have children, you should identify at least one person who can care for them for a short period. If you have pets, you should identify at least one person who can care for them as well. Again, there is no limit.

## **7. What will my In Case of Emergency (ICE) contacts be asked to do?**

When choosing your ICE contacts, keep in mind that you are preparing for the following three distinct levels of need:

- *Individual readiness*: This addresses those areas you can readily solve with a back-up plan or with additional thought and planning (eg, arranging for a babysitter so you can attend a meeting, getting a ride when you need to drop the car off for routine maintenance, etc).
- *Unanticipated circumstances*: This addresses those areas where you may be incapacitated or have limited physical abilities to otherwise perform your daily activities. Your ICE contact(s) would be asked to provide short-term or intermittent assistance as needed (eg, watching your children if you are not feeling well, providing a ride to the commissary if your vehicle has a flat tire, etc).
- *Crisis situations*: This addresses those areas dealing with serious injury, illness, or the death of a Family member. Your ICE contact(s) would be asked to provide more immediate, continuous, longer-term assistance for you, your children, and/or your pets until other Family members/friends can be contacted and brought in, possibly from out of town, for assistance and comfort.

## **8. Can I ask the unit to activate my FAMILY CONTINGENCY PLAN?**

In most cases *you* will activate the PLAN. The unit will activate the PLAN only if you cannot activate it yourself.

## **9. How often should I update my FAMILY READINESS WORKBOOK?**

It is strongly recommended that you update your *WORKBOOK* whenever your information changes. At a minimum, *WORKBOOKS* should be reviewed at least once every 3 months to ensure information is current. You should also provide the unit and your ICE contacts with updated copies of your FAMILY CONTINGENCY PLAN as needed.

## **10. Where should I keep my WORKBOOK?**

You should keep an updated copy of your *WORKBOOK* in a file box / notebook with your other important / vital documents. Part of the FAMILY CONTINGENCY PLAN asks you to identify where this *WORKBOOK* is located.

# FAMILY READINESS WORKBOOK

## PREPARATION CHECKLIST

*NOTE: This checklist should be reviewed and updated periodically and ALWAYS prior to TDY and deployment.*

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
<b>FAMILY READINESS</b>			
Unit contact information (Rear D, FRG leader)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit / Duty station mailing address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployment mailing address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation / Post information contact number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed <i>FAMILY READINESS WORKBOOK</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
<b>IN CASE OF EMERGENCY (ICE)</b>			
Trusted friends and / or Family members contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School / Day care contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency pick-up designee(s) for school / day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contingency plans for emergency child care (register at daycare center for daytime drop-in care, neighbor / friend / Family)	<input type="checkbox"/>	<input type="checkbox"/>	
Contingency plans for emergency pet care (pet boarding, neighbor / friend / Family)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
<b>VITAL DOCUMENTS</b>			
Marriage certificate		<input type="checkbox"/>	
Birth certificates (for each Family member)		<input type="checkbox"/>	
Social Security cards / numbers (for each Family member)		<input type="checkbox"/>	
Passport(s)		<input type="checkbox"/>	
School registration paperwork		<input type="checkbox"/>	
School records / report cards / transcripts		<input type="checkbox"/>	
Adoption paperwork		<input type="checkbox"/>	
Divorce decree / Separation paperwork		<input type="checkbox"/>	
Death certificate(s)		<input type="checkbox"/>	
Citizenship / Naturalization paperwork		<input type="checkbox"/>	
Visa paperwork		<input type="checkbox"/>	
Other:			

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
<b>MILITARY</b>			
<b>Important documents / Items:</b>			
Military ID cards Ensure each Family member 10 years of age and older has an ID card and that ID cards have not expired	<input type="checkbox"/>		<input type="checkbox"/>
Military Orders			
Current PCS orders	<input type="checkbox"/>	<input type="checkbox"/>	
Current Deployment / Movement orders	<input type="checkbox"/>	<input type="checkbox"/>	
Shipping documents / household goods inventory	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
<b>MEDICAL</b>			
Ensure enrollment of each Family member in DEERS	<input type="checkbox"/>		
Medical / Health records (know where located)	<input type="checkbox"/>		
Dental / Orthodontic records (know where located)	<input type="checkbox"/>		
List of medications / allergies / medical conditions for each Family member	<input type="checkbox"/>	<input type="checkbox"/>	
Exceptional Family Member Program information	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Important documents / Items:</b>			
Medical card / TRICARE card for each Family member	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization record for each Family member	<input type="checkbox"/>	<input type="checkbox"/>	
Veterinary / Immunization records for each pet	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
<b>HOME</b>			
Extra set of house keys in safe place, w/friend, etc	<input type="checkbox"/>		
Safety / Security			
Check locks on all doors / windows	<input type="checkbox"/>		
Check smoke / carbon monoxide detectors annually	<input type="checkbox"/>		
Check fire extinguishers	<input type="checkbox"/>		
Ask a trusted neighbor to help keep an eye on your home and watch for any unusual activity.	<input type="checkbox"/>		
Maintenance / Utilities			
Locate electrical fuse / switch box	<input type="checkbox"/>		
Locate water control / shutoff valve	<input type="checkbox"/>		
Locate gas control / shutoff valve	<input type="checkbox"/>		
<b>Important documents / Items:</b>			
Spare keys (house, safe deposit box, safe, etc)		<input type="checkbox"/>	
Lease / Rental agreement		<input type="checkbox"/>	
Mortgage records / Deed		<input type="checkbox"/>	
Homeowner's / Renter's insurance		<input type="checkbox"/>	
Other:			



	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
<b>AUTOMOTIVE / TRANSPORTATION</b>			
Extra set of keys in safe place, w / friend, etc	<input type="checkbox"/>		
Identify alternate forms of transportation (if you do not have transportation or in the event your vehicle breaks down - friend / neighbor / on-post shuttle / taxi / city bus)	<input type="checkbox"/>		
Know what will happen to your vehicle if your soldier is alerted (eg, storing vehicle at unit vs getting ride) <i>NOTE: You will not have immediate access to a stored vehicle following the alert. You must also have a Power of Attorney that will allow you to retrieve the stored vehicle.</i>	<input type="checkbox"/>		
Vehicle maintenance			
Ensure basic equipment is in good working order (tires, brakes, battery, lights, etc)	<input type="checkbox"/>		
Ensure routine maintenance is up to date (lube / oil change, air conditioning, antifreeze, etc)	<input type="checkbox"/>		
Know where to take vehicle for service		<input type="checkbox"/>	<input type="checkbox"/> in car
Roadside assistance information		<input type="checkbox"/>	<input type="checkbox"/> in car
<b>Important documents / Items:</b> Check expiration dates and renew if necessary.			
Driver's license	<input type="checkbox"/>		<input type="checkbox"/>
Vehicle state registration / license plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Vehicle post registration / decals	<input type="checkbox"/>		
Annual emissions / safety inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Warranty information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Title		<input type="checkbox"/>	
Purchase / Lease agreement		<input type="checkbox"/>	
Other:			
<b>FINANCIAL</b>			
Ensure you have direct access to funds. Direct Deposit into a joint account is recommended.	<input type="checkbox"/>		
<b>Important documents / Items:</b>			
Leave and Earnings Statement (LES)			
Copy of most recent LES	<input type="checkbox"/>	<input type="checkbox"/>	
Know how to access LES in absence of Ranger (myPay website, Unit representative)	<input type="checkbox"/>		
Locate / know status of the following:			
Checkbook		<input type="checkbox"/>	
ATM cards w/access codes		<input type="checkbox"/>	
Joint checking and savings account(s)		<input type="checkbox"/>	
Credit card information (account number, contact info)		<input type="checkbox"/>	
Investment information (account number, contact info)		<input type="checkbox"/>	

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
<b>FINANCIAL (cont.)</b>			
Monthly bills (payee, amount due, contact info)			
Mortgage / Rent	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners / Renters insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle loan(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Utility bills (electricity, gas, water)	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone (cell, home)	<input type="checkbox"/>	<input type="checkbox"/>	
Cable television	<input type="checkbox"/>	<input type="checkbox"/>	
Internet service	<input type="checkbox"/>	<input type="checkbox"/>	
Other loans	<input type="checkbox"/>	<input type="checkbox"/>	
Credit cards	<input type="checkbox"/>	<input type="checkbox"/>	
Income Tax forms (Federal / State)			
Copy of completed forms for current year		<input type="checkbox"/>	
Copy of completed forms for previous 3 years		<input type="checkbox"/>	
Life insurance policy(s)		<input type="checkbox"/>	
Other:			
<b>LEGAL</b>			
Attorney information (private / military JAG)		<input type="checkbox"/>	
<b>Important documents / Items:</b>			
Powers of Attorney (check expiration dates)			
General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, for yourself	<input type="checkbox"/>	<input type="checkbox"/>	
Medical, for your children	<input type="checkbox"/>	<input type="checkbox"/>	
Specific:	<input type="checkbox"/>	<input type="checkbox"/>	
Current Wills			
Yours	<input type="checkbox"/>	<input type="checkbox"/>	
Your soldier's	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			

# FAMILY READINESS WORKBOOK

## FAMILY CONTINGENCY PLAN

\*\*\*Please provide completed copy to Rear Detachment, FRSA, and ICE contacts\*\*\*

SOLDIER'S INFORMATION			
Name (Last, First MI)	Rank _____	Battalion ____ / 19th Company ____	Staff Duty Phone

POINT OF CONTACT'S INFORMATION			
Name (Last, First MI)	Address (Street, City ZIP)	Hm: Cell: Email:	Wk:
Employer Name  Job Title:	Employer Address	Supervisor's Name  Ph:	

IN CASE OF EMERGENCY (ICE) CONTACTS			
Name	Relationship	Address <i>Street, City, State</i>	Phone
<i>If I am notified that my husband has been injured or killed (local friend, relative, clergy, etc)</i>			
			Cell: Wk: Hm:
			Cell: Wk: Hm:
			Cell: Wk: Hm:
<i>If I am injured or incapacitated and need someone to provide childcare or other assistance</i>			
			Cell: Wk: Hm:
			Cell: Wk: Hm:

FAMILY MEMBER INFORMATION (Dependents / Others living with you)			
Name	Relationship	Gender (M / F)	Birth Date (MM/DD/YYYY)
		_____	
		_____	
		_____	
		_____	
		_____	
		_____	

MEDICAL CONDITIONS / SPECIAL NEEDS	
Family Member Name	Medical Condition / Special Needs <i>(Asthma, Diabetes, Allergies to medication, Pregnancy, etc)</i>

SCHOOL / DAY CARE INFORMATION				
Child's Name	School / Day Care Contact Information			Travel To / From <i>Walk/Ride/Bus #</i>
	School Name / Address	Phone	Teacher Name	

SCHOOL / DAY CARE AUTHORIZED PICK-UP DESIGNEES			
<i>Confirm that these names are on file with the appropriate school(s)</i>			
Name	Phone		
	Cell:	Hm:	Wk:
	Cell:	Hm:	Wk:
	Cell:	Hm:	Wk:

LOCATION OF FAMILY READINESS WORKBOOK
<i>(eg, file drawer in desk, plastic container in bedroom closet, etc)</i>

THIS DOCUMENT CONTAINS PERSONAL INFORMATION THAT IS PROTECTED BY THE PRIVACY ACT OF 1974. INFORMATION WILL BE SAFEGUARDED AND WILL NOT BE POSTED ON BULLETIN BOARDS OR PUBLICLY DISSEMINATED. IT WILL BE GIVEN TO DOD PERSONNEL WHO HAVE AN OFFICIAL NEED TO KNOW IN THE PERFORMANCE OF OFFICIAL DUTIES UNDER THE PROVISIONS OF PARA3-5, AR 340-21, ARMY PRIVACY PROGRAM, "ADDRESSES AND TELEPHONE NUMBERS CONTAINED HEREIN MAY NOT BE RELEASED TO THIRD PARTIES WITHOUT PRIOR PERMISSION FROM THE PERSON CONCERNED."

*I understand that the information provided on this form will be used only in case of emergency and will not be shared with outside sources.*

\_\_\_\_\_  
POC'S NAME (PRINTED)

\_\_\_\_\_  
POC'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

# FAMILY READINESS WORKBOOK

## VITAL INFORMATION FORM: HEALTH CARE

MEDICAL CONDITIONS / SPECIAL NEEDS (please explain)	
Family Member Name	Medical Condition / Special Needs <i>(Asthma, Diabetes, Allergies to medication, Pregnancy, etc)</i>

MEDICATIONS (if administered on recurring basis)					
Family Member Name	Medication	Dosage	How Often	How Given <i>(by mouth, injection, etc)</i>	Where Prescription Filled

DIETARY RESTRICTIONS (please explain)	
Family Member Name	Dietary Restrictions <i>(Food allergies, Religious restrictions, Personal preferences, etc)</i>

PHYSICIAN / DENTIST INFORMATION			
	Name	Facility Name / Address <i>(Street, City, State)</i>	Phone
Primary Physician			
Pediatrician			
Medical Treatment Facility			
Pharmacy			
Primary Dentist			
Pediatric Dentist			

PET CARE INFORMATION		
Pet Information		
Pet Name	Description <i>(cat, dog, breed, color, etc)</i>	Special Needs
Veterinarian Information		
Name	Facility Name / Address <i>(Street, City, State)</i>	Phone

# FAMILY READINESS WORKBOOK

## VITAL INFORMATION FORM: LEGAL / FINANCIAL

LOCATION OF IMPORTANT / VITAL DOCUMENTS
<i>Includes powers of attorney, wills, birth certificates, marriage certificates, etc. Please list all locations (eg, file drawer in desk, plastic container in bedroom closet, safe deposit box w/key location, etc)</i>

FINANCIAL INFORMATION			
Financial Institution Name / Address	Phone	Account Number	Type of Account <i>Checking   Savings   Credit</i>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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